

TRAUMA INFORMED BIOGRAPHICAL TIMELINES

A Tool for Promoting Understanding, Planning and Programming

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Presenters

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Objective

Participants will be able to identify and apply the essential elements of a Trauma Informed Biographical Timeline

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Getting Started

Start
with an activity
for emotional
regulation



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DUDE

I'm JOKING you are NOT adopted !!!

Adverse Childhood Experiences
(ACEs)

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The Essential Elements of a Trauma Informed Assessment

What happened to you?
What did you do to survive?



ACEs and ALEs

- Adverse Childhood Experiences (ACEs) Research – Impact of Adverse Life Experiences (ALEs) in childhood on poor physical, mental, and social health in adulthood.
- Surprise findings - how pervasive early childhood adversity is – this was not the focus of their study – it was about weight loss!

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Adverse Childhood Experiences (ACEs)

ACEs that Include Humiliation in Red

ABUSE	HOUSEHOLD
• Psychological	• Substance Abuse
• Physical	• Mental Illness
• Sexual	• Parental Separation
• Emotional	• Mother treated violently
• Physical Neglect (food insecurity)	• Imprisoned household member = AKA stigmatized loss

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More ACES = More Adverse Effects & More Vulnerability to Being Trafficked

Behavioral Health Effects

- Smoking
- Re-victimization
- Teen pregnancy
- Poor job performance
- Violent relationships
- Alcoholism/Substance Abuse
- Depression
- Suicide

Physical Health Effects

- Fractures
- Chronic Obstructive Pulmonary Disorder (COPD)
- Heart Disease
- Diabetes
- Obesity
- Hepatitis
- Sexually transmitted diseases (STDs)
- Early Death

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Game Changer: ACEs Demonstrate...

"The basic cause of addiction is **experience-dependent**, not substance dependent."
~Felitti, 1998

The Good News & The Bad New Is:

Humans are the only mammals for whom 50% of brain development occurs after birth through **experience-dependent** maturation of neuronal systems. (Putnam, 2004)

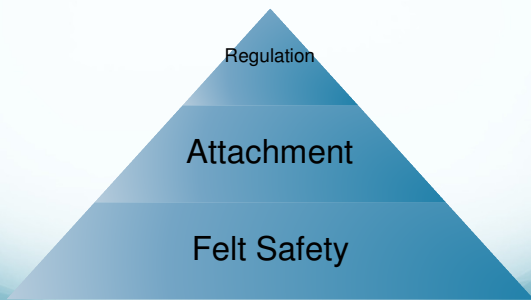
Adverse Life Experiences (ALEs) Effect on Safety, Attachment & Regulation

- ALEs interfere with an individual's ability to **Feel Safe (Neuroception), Attach and Regulate**
- **Felt Safety:** Neuroception is the building block of attachment
- **Attachment** is the building block of all our other human relational functions – **Regulation (emotional & physical)**, behavior, relationships, self care.

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Building Our Brains



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Felt Safety in the Modern Age

General Population

- According to the ACE study 28% - 40% of our population do not have consistent Felt Safety in childhood
- Abuse: 1 in 3 females prior to age 18
- ALEs: 1 in 5 females will be sexually assaulted at college

DD Population

- Valenti-Hein & Schwartz (1995) show that 33% - 90% do not experience Felt Safety
- Females with mild ID sexual abuse is 5 x higher

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Look at the whole person
& the whole picture by...

**Assessing ACEs and
Resilience**

And when I get answers to the
questions, what do I do?

1. **Reflect** back to them with compassion
what you heard.
2. **Honor** their courage for surviving and
sharing. "You have worked hard to
survive. Thank you for sharing what
happened and what you did to survive
with me."
3. **Connect** them with safety & supports.

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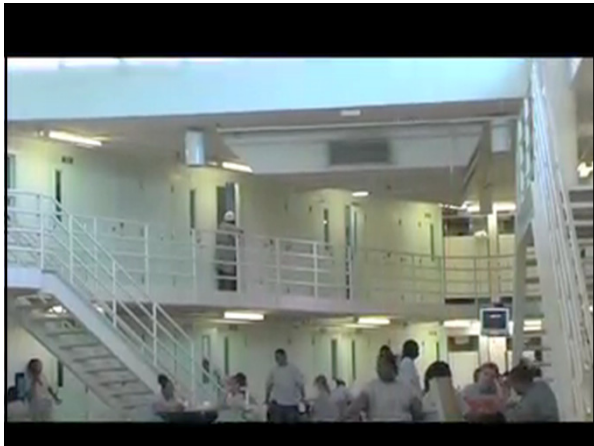
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Isolation Kills Neuronal Connections:
Self-injury is a Desperate Attempt to Keep Them
Alive

Feeling	Behavior
<ul style="list-style-type: none"> • Unwanted, Unworthy 	<ul style="list-style-type: none"> • Disinterested in Life, apathetic, just don't care
<ul style="list-style-type: none"> • Self Hatred 	<ul style="list-style-type: none"> • Self Hurtful
<ul style="list-style-type: none"> • Trapped <ul style="list-style-type: none"> • Use of Isolation 	<ul style="list-style-type: none"> • Self Injury <ul style="list-style-type: none"> • Connected with higher rates of suicidality (Bloom, 2010)

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When...

I am	I need
Feeling Unnoticed and unimportant and I am attention seeking...	Positive Attention like a job, task or way to help someone or in some way
Feeling vulnerable & hiding it behind agitation and bullying...	Limits connected with safety.
Feeling lost & risk taking...	Physical activity & sensory integration (rhythmic movement)

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Crossing the Bridge to the Neurobiological Purpose of Behavior

Standing in the middle of the bridge...Traditional View:	Making it to the other side...We all want: (Burke, 2014)
1. Attention	1. To feel connected, accepted & loved
2. Escape	2. To feel safe & secure
3. Tangibles	3. To have some say or control in your life
4. Bored	4. To have a purpose in life
5. Pain	5. We are ALL HARDWIRED to avoid pain

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The Lose – Lose of Power Struggles

If you WIN the Power Struggle...

- You are now associated with the perpetrator; the person who had power over them and hurt them.

If you LOSE the Power Struggle:

- You are now associated with the person who did not protect them.

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PTSD vs. Complex PTSD

(Herman, 1992)

PTSD =

- Perceived life threatening situation with intense fear response
- Intrusive, avoidant, and hyperarousal symptoms present

Complex PTSD =

- A history of prolonged or repeated totalitarian control with resulting
- Alterations in
 - Affect regulation
 - Consciousness
 - Self perception
 - Perceptions of the perpetrator
 - Relations with others
 - Systems of meaning

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Trauma Informed Biographical Timelines:

A Tool for Visioning, Planning and Programming

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Trauma Informed Biographical Timeline Goals

1. Create a visual representation of the person's life
2. Create understanding and empathy
3. Get the team on the same page
4. Create a holistic understanding of
 - A. The person and place their actions in context
 - B. The impact of trauma
 - C. What we can do to mitigate the trauma and build resiliency and hope by focusing on 3 questions:
 - Who is this person?
 - What does he/she need?
 - What will it take to meet those needs?

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Preparation

- It is important to review files ahead, and to summarize the key events.
- Sometimes this takes research. It's an investment worth making.
- If files are large, team members can divide up the responsibility (one person research birth to 5, another 5-16, another 17-21 etc.)

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Preparation and Permission

- Use your agency policy and procedures to determine if person should be informed of meeting. Different organizations have different ways of handling this
- One agency practice is to ask permission to pull people together so we can better understand the person's life.
- If person says he/she wants to be there, we honor that, and we hold the timeline, with careful pre-planning with the person and others about what needs to be done so that we don't trigger or re-traumatize.

• This should NOT become an exercise in forced exposure!

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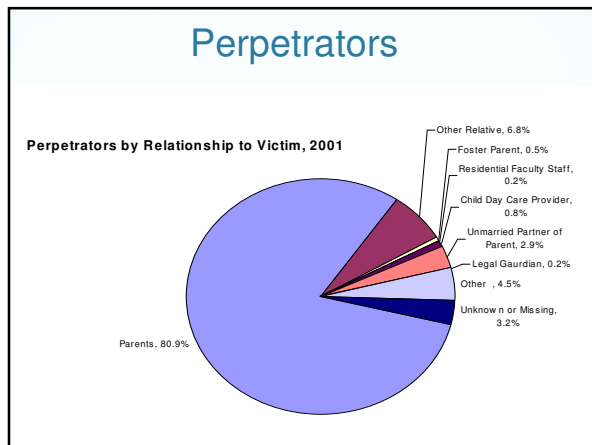
Preparation: Deciding Who Needs to be in the Room

Do NOT assume it is appropriate to include family members

Do your homework first

Put thought and research into deciding who needs to be in the room.

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Who are the perpetrators?

Mostly people they depend on to protect them:

- 80% by Parents
- 10% by other Relatives, Partners, Guardians
- 1.5% by staff

• 91.5% of abusers are people charged with the care of those they abuse!

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All Change = Loss Even positive change

Positive Change	Loss
<ul style="list-style-type: none"> • Graduation from School 	<ul style="list-style-type: none"> • Loss of friends & familiar setting
<ul style="list-style-type: none"> • Receiving supports from staff they grow to love 	<ul style="list-style-type: none"> • Frequent turnover
<ul style="list-style-type: none"> • Completing therapy 	<ul style="list-style-type: none"> • Loss of a safe & trusted connection

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Look at the whole person & the whole picture by...

Assessing ACEs and Resilience

Help Build Protective Factors

- Resilience can be strengthened by:
 - Agency:** Having a sense of control
 - Building self esteem:**
 - Sense of Self, Self-worth & Self-efficacy
 - External Supports**
 - Affiliation:** Belonging to a cohesive supportive group
 - Positive Relationships with safe adults**

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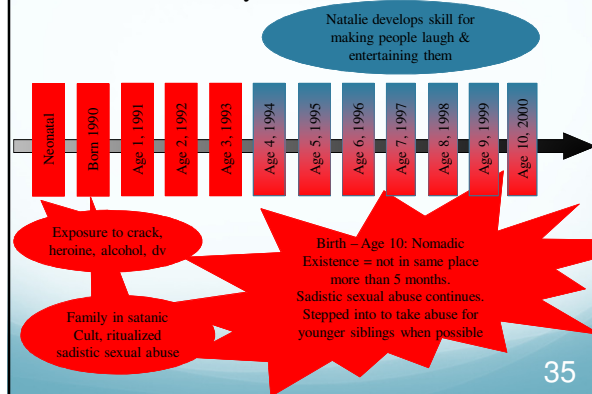
Facilitation

- Have someone to do graphics, and someone who knows trauma well enough to share implications. Both need to have basic group facilitation skills as well.
- Record positives above the line and challenges below the line and **trauma & moves in red**.
- Use ages and dates -- not just dates, or you lose the sense of the impact on the person

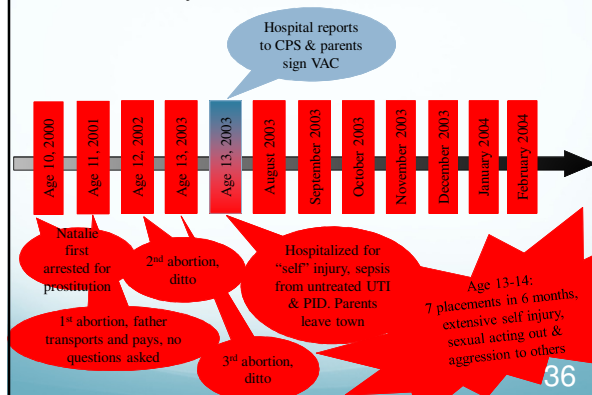
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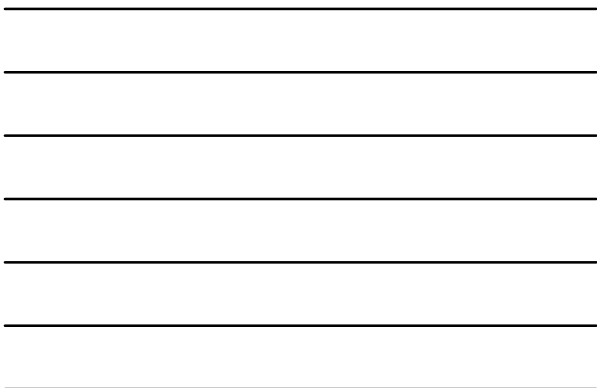
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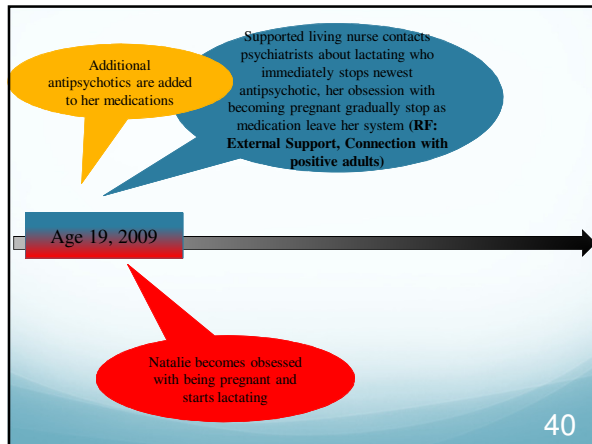
Natalie, birth to 10 years old

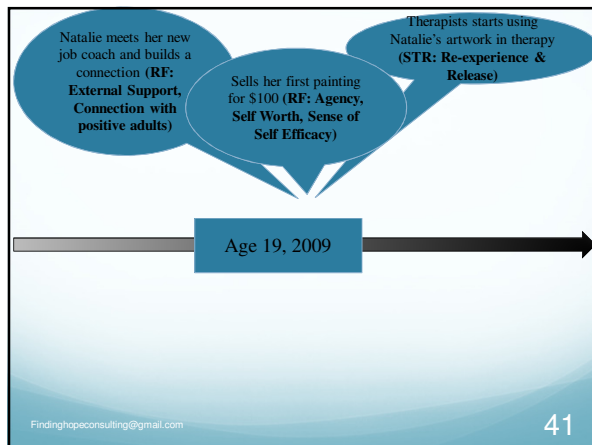


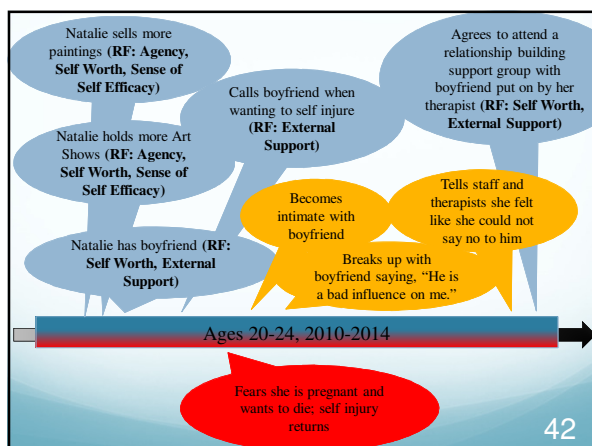
Natalie, 10-14 years old

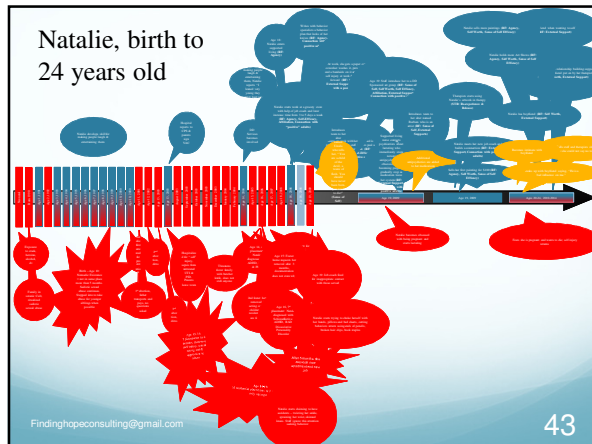


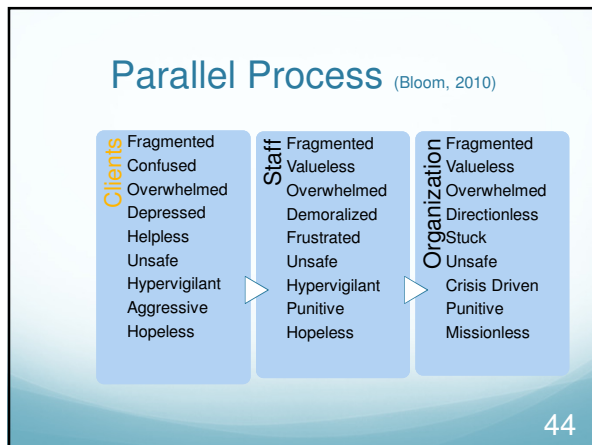












Age	Challenges	Strengths	I am (Feeling)	I need	Interventions	Person Responsible
	Struggles/challenges specific to age (if known)	Successes specific to age (if known)	State how you feel related to the timeline. Then name some adjectives that describe the individual	State what is needed in connection with the "I am" statements	What interventions would help with these needs?	for the intervention (i.e.: CPST/therapist/parent/MD, etc.) (if known)
Pregnancy	Neonatal exposure to polysubstances	Does not use substances currently	Overwhelmed	Structure that allows for healing & growth		
			Hurt	Care		
			Afraid	Safety		
			Confused	Validation		
			Determined	Support		

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	Specific to age (if known)	Successes specific to age (if known)	Related to the timeline. Then name some adjectives that describe the individual	Needed in connection with the "I am" statements	What interventions would help with these needs?	For intervention (i.e. CPST/therapist/pa- rent/MD, etc.) (if known)
Pregnancy	Neonatal exposure to polysubstances	Does not use substance s currently	Overwhelmed	Structure that allows for healing & growth	Sensory Integration Occupational Therapy (OT).	
			Hurt	Care	Nurturance, care for injuries no matter how small & soothing a sensory diet.	
			Afraid	Safety	The Safety Script, Rules connected with safety, Highlighting when they are safe.	
			Confused	Validation	Active listening Focusing on the THEME NOT the content of their stories.	
			Determined	Support	Opportunities for success	46

Crossing the Bridge to the Neurobiological Purpose of Behavior

Standing in the middle of the bridge...Traditional View:

1. Attention
2. Escape
3. Tangibles
4. Bored
5. Pain

Making it to the other side...We all want: (Burke, 2014)

1. To feel connected, accepted & loved
2. To feel safe & secure
3. To have some say or control in your life
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Biologically Based Fear Responses

(Forbes & Post, 2007)

1. Manipulating
2. Lying
3. Stealing
4. Hoarding
5. Aggression
6. Defiance/"Button Pushing"
7. Poor Eye Contact
8. Food issues
 - Gorging
 - Starving
 - Purging
9. Sleep issues
10. Enuresis
11. Encopresis
12. Self harm

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Challenge s Struggles	Strength Successes	I am Feeling	I need	Interventions What interventions would help with these needs?	Person Responsible for the intervention (i.e.: CPST/therapist/parent/ MD, etc.) (if known)
Manipulation	Determined & Creative	Afraid of asking directly for what I need or want	Practice with safe people directly asking for what I need or want	1. Without shaming, help them identify the difference between wants & needs. 2. Identify safe people to ask. 3. Develop with them the words to ask directly. 4. Practice asking directly 5. Rinse & Repeat	Who could help with this in your system? Name all people & their roles that apply.
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es Struggles	Successes	Feeling		What interventions would help with these needs?	Responsible for the intervention (i.e.: CPST/therapist/parent/ MD, etc.) (if known)
Lying	Determined & Creative	Afraid of Punishment	To be told & shown that this is a safe place to make a mistake and tell the truth.	1. Identify safe people to ask. 2. Develop with them the words to tell what really happened. 3. Practice saying what happened 4. Highlighting that they are still safe.	Who could help with this in your system? Name all people & their roles that apply.
Lying	Determined & Creative	Trying to meet a perceived need Trying to solve a problem	Help identifying the need & finding a new way to meet it.	Focus & reflect the underlying wish /need not the accuracy of the content. E.g. "It would be great to be able to..."	Therapists can help them explore the wish & staff can help them meet the need in another way.
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Challenge s Struggles	Strength Successes	I am Feeling	I need	Interventions What interventions would help with these needs?	Person Responsible for the intervention (i.e.: CPST/therapist/parent/ MD, etc.) (if known)
Lying	Determined & Creative	Training to solve a problem	Without being shamed help exploring other ways to solve the problem.	1. Help them identify the problem. 2. Empathically reflect back to them the problem as they see it. 3. Collaboratively problem solve (CPS) 4. Use their creativity to help them develop a plan with concrete steps.	Who could help with this in your system? Name all people & their roles that apply. On some teams the behavior specialists helps with this & helps the team members learn how to do this.
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Intervention for Denial

“Right now I know it’s important for you to believe that you did not do that, but we’re going to keep talking about and working on these things.”

~Eliana Gil, (2013)

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No Blame or No Shame

- People are coping the best way they can -- our job is to help them find a better way.
- Requires building trust, creating safety, and staff sharing a trauma informed culture that creates a safe and healing environment
- Healing takes more than therapy. Support services can create therapeutic, healing experiences.

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Natalie, birth to 24 years old

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Returning to the Real World: Closing and Containment

End by having
each participant
share one hope
they have for
the individual



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